	PATEN	ORD Application or Docket Number											
-					10	18	074	21					
L				S FILED - PART I		(Column 2)				ENTITY		OTHER THAN R SMALL ENTITY	
L	TOTAL CLAIMS							RAT	F	FEE		R SMA	
	FOR			NUMBER FILED		NUMBER EXTRA		BASIC		150.0	_	R BASIC F	
TOTAL CHARGEABLE CLAIMS			3	minus 20=				X\$ 25=			7	1	<del></del>
INDEPENDENT CLAIMS				minus 3 =		. –		X100=			_ 0	` <b> </b>	<del>- </del>
MULTIPLE DEPENDENT CLAIM PF			PRESENT	RESENT				X100			_ 0	R X200	
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+180:			OF	+360=	<u> </u>
								TOTA	١L		OF	TOTAL	- [
_	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS - HIGHEST							SMAL	L EN	πτγ	OR		R THAN L ENTITY
AMENDMENTA	1/25/05	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ΤI	DDI- ONA FEE	AL.	RATE	ADDI TIONA FEE
	Total Independent	* //	Minus Minus	-2	0	7		X\$ 25=		_	OR	X\$50=	
₹	FIRST PRES	T PRESENTATION OF MULTIPLE DEPENDENT			2 CLAIM	<u>  †                                   </u>		X100=			OR	X200=	1
			-	· · · · · · · · · · · · · · · · · · ·		<u> </u>	j	+180=			OP	+360=	
							L AI	TOTA			OR	TOTAL ADDIT, FEE	
_	T	(Column 1)		(Column		(Column 3)						700H, FE	_ <del>**********</del>
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	## i		=	Γ,	(\$ 25=			OR	X\$50=	<del>                                     </del>
AME	Independent	* ENTATION OF M	Minus	***		=	<b> </b>	<100=	<del> </del>		OR	X200=	
	, mor mizor	·	OLTIPLE DE		180=	<del>                                     </del>			+360=				
							L	TOTAL	-		OR	+300=	
		(Column 1)		(Calumn		(O-1 A)	ADI	DIT. FEE	<u> </u>		OR A	ODIT. FEE	·
,		CLAIMS		(Column		(Column 3)	_	·····			-		
THE CONTENT	• • • • • • • • • • • • • • • • • • • •	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	F		ADI TION	IAL		RATE	ADDI- TIONAL
	Total	*	Minus	**		= .	X	25=			F	X\$50=	FEE
: 1	Independent	±	Minus	***		=	-		·	$\dashv$	OR		:
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						LX.	100=			OR	X200=	
lf (	the entry in colum		80=			OR	+360=						
··H	the "Highest Nun	iber Previously Pa iber Previously Pa	M FOR IN THI M FOR IN THI	S SPACE is les	s than :	20, enter "20."	<b>ADDI</b>	TOTAL T. FEE			OR AD	TOTAL DIT. FEE	
Tì	ne 'Highest Numb	per Previously Paid	For (Total or	Independent) i	s the h	s, enter 3.2 ighest number fo	und ir	the app	opriat	e box i	in colun	nn 1.	